IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Governor on benair or the state		
For office use only		
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Computer		

DEPARTMENT	OR	OFFICE	RECEIVING	THE G	IFT OR	REQUEST
DEPARTMENT	UK	OFFICE	KECEIVIN	3 INE G	IF I UK	DEWUEST

DEPARTMENT OR OFFICE RE		20131.		
DHS Glenwood Resource	Center			
Name of Department or Office 711 South Vine Street	me of Department or Office South Vine Street Glenwood, IA 51534			
Mailing Address 712-525-1683		City, State, Zip Code	=	
Area Code & Telephone No.			5	
CONTACT PERSON FOR RECI	PIENT DEPARTMENT OR C	OFFICE:	₽	
			N S	
Name				
Mailing Address (if different from al	hove	City, State, Zip (if different from above)	-	
Email Address		Area Code & Telephone Number (if differ	rent from above)	
OONOR OF GIFT OR BEQUES	Т:			
Fairview Working Band, Fairvie	w Church			
Name				
123 NW 3rd St	Stuart, IA 50250			
Mailing Address	City, State, Zip Code	11/16/2011	\$150.00	
		Date of Gift or Bequest	Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair market value" of	item as determined by	
		receiving department or office. If no valu		
Email Address (optional)			Harmonia and the second se	
Provide a description of the gift or	bequest and purpose thereof:			
Funds received to benefit	Clients			
Criteria to use this form:				
	to an artist of the control of the control of the			
Receipt of any gift or bequest that	is received by any department of	f the state or received by the Governor on behalf of the	state.	
tatement of Affirmation:				
Ruth Messinger				
affirm affirm affirm affirm	that the gift or bequest reported	above is accurate. I further affirm that the information	concerning the donor and	
occoment of the last market value (I	applicable) is collect and true to	o the best of my knowledge.		
HITI Man	singer	11/17/2011		
Signature	KNING		ate	

Revised 06/08

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by a depar	quest information received riment or accepted by the on behalf of the state
indexed _	or office use only
Audited _	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUI	EST:		
STATE TRAINING SCHOOL			
Name of Department or Office 3211 EDGINGTON AVENUE	ELDORA, LA 50627		
Mailing Address 61-538-5402	Address Cily, State, Zip Code		
Area Code & Telephone No.	FICE:		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	, 1 0 = 1		
KRISTIN HAGEDON			
Name	- 		
Malling Address (if different from above) khagedo@dks.state.ia.us	Clty, State, Zip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
OONOR OF GIFT OR BEQUEST:			
American Legion Aux. #552, c/o Anna Mae Wolfgram			
Name 604 Front St. Fairbank IA 50629			
604 Front St. Fairbank IA 50629 Mailing Address City, State, Zip Code	- 11/20/11 \$50.00		
Manually Addiess City, State, 2p Code	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Critali Address (opuonal)			
Provide a description of the gift or bequest and purpose thereof:			
cash donation to be used toward student Christmas	fund		
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the	he state or received by the Governor on behalf of the state.		
itatement of Affirmation:			
Kristin Hagedon affirm that the gift or bequest reported at	bove is accurate. I further affirm that the information concerning the donor and		
ssessment of the fair market value (If applicable) is correct and true to	the best of my knowledge.		
Kristin Hagedon	Nov. 22, 2011		
Signature	Date		

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Audited			
Checked			
Computer			

Date

FORM-GB

DHS Glenwood Reso	ource Center		
Name of Department or Office	De Company	171.000	
Mailing Address		wood, IA 51534 , State, Zip Code	
712-525-1683		, otato, esp oddo	701
Area Code & Telephone No.			<u> </u>
CONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFFICE		- 8
			28
Name			1
Mailing Address (if different f	from above)	City, State, Zip (if different from above)	9
Email Address		Area Code & Telephone Number (if different	ent from above)
OONOR OF GIFT OR BEC	QUEST:		
ALA Homer Hall, Unit #6			
Name			34
District 8	Charter Lake, IA 51439		
Mailing Address	City, State, Zip Code	11/21/2011	138.05
		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Nun	nber	*value is defined as "fair market value" of	item as determined by
		receiving department or office. If no value	
Email Address (optional)			
Provide a description of the	gift or bequest and purpose thereof:		
For Client was asser	tad alathing arounds carenhaalse	novy & yand quanting and a sta	
roi Chem use: assor	ted clothing, crayons, scrapbooks,	new & used greeting cards, etc	
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Criteria to use this form:			
Receipt of any gift or beques	st that is received by any department of the sta	te or received by the Governor on behalf of the s	state.
tatement of Affirmation:			
Ruth Messinger			
	_affirm that the gift or bequest reported above i ralue (if applicable) is correct and true to the be	s accurate. I further affirm that the information on st of my knowledge.	concerning the donor and
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1 -			
Kt D	(10,1,1,1)	11/21/2011	